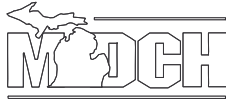


2009 CON Seminar



- Cardiac Cath
- Open Heart
- MRI



1

CON Review Standards for Cardiac Catheterization Services

- Section 1 – Applicability
- Section 2 – Definitions
- Section 3 – Requirements for Approval – All
 - ✓ Dedicated emergency equipment
 - ✓ Medicaid
 - ❖ Documentation for applicant
- Section 4 – Initiation for Adult Diagnostic Cardiac Cath (DCC)
 - ✓ Projections per year by 2nd year of operation
 - ❖ 300 PEs in the category of DCC (urban and rural)
 - ❖ 500 PEs per room for rural (one room service)
 - ❖ 750 PEs per room for urban (one room service)
 - ❖ 1000 PEs per room for both rural and urban (multi- room service)

2

CON Review Standards for Cardiac Catheterization Services

- Section 5 – Requirements for Primary PCI
 - ✓ 400 diagnostic cardiac cath for most recent 12-month period (excludes diagnostic EPs and right-heart cath)
 - ✓ Projected 48 PCIs by 2nd year of operation
 - ✓ Specialty services required including staffing
- Section 6 – Initiation of Pediatric Cardiac Cath (PCC)
 - ✓ Projected 600 PCCs by 2nd year of operation
 - ✓ On-site pediatric open heart required
- Section 7 – Initiation of Adult Therapeutic Cardiac Cath (TCC)
 - ✓ Projection of 300 PEs in the category of TCC by 2nd year of operation
 - ✓ On-site adult diagnostic cardiac cath
 - ✓ On-site adult open heart required

3

CON Review Standards for Cardiac Catheterization Services

- Section 8 – Replace/Upgrade Cardiac Cath Labs
 - ✓ For facilities with one room (actual utilization and projected)
 - ✓ Peripheral procedures can't be used to meet volume requirements

	Rural (PEs per room)	Urban (PEs per room)
Adult	500	750
Pediatric	500	500

4

CON Review Standards for Cardiac Catheterization Services

- Section 8 – Replace/Upgrade Cardiac Cath Labs (contd.)
 - ✓ For facilities with multi-room (actual utilization and projected)
 - ✓ Peripheral procedures can't be used to meet volume requirements

	Rural (PE per room)	Urban (PE per room)
Adult	1000	1000
Pediatric	500	500
Mobile	500	500

5

CON Review Standards for Cardiac Catheterization Services

- Section 9 – Requirements for Expansion
 - ✓ 1500 PE per room over last 12-month period
 - ✓ Projected 1000 PE per room by 2nd year of operation (existing & proposed)
 - ✓ Peripheral procedures can't be used to meet volume requirements
- Section 10 – Mobile Cardiac Cath Service
 - ✓ No increase in mobile cardiac cath networks
 - ✓ No net increase in host sites
 - ✓ Procedures must be performed in hospitals
- Section 11 – Methodology for Cardiac Cath Equivalents
 - ✓ Excludes use of peripheral procedures for expansion and replacement
 - ✓ Department uses form 716 for most recent utilization data
 - ✓ Annual hospital survey

6

CON Review Standards for Cardiac Catheterization Services

- Section 12 – Project Delivery Requirements
 - ✓ Minimum procedure requirements for physicians
- Section 13 – Additional Project Delivery Requirements for PCI
- Section 14 – Documentation of Projections
- Section 15 - Prior CON Review Standards; Comparative Reviews
 - ✓ Not subject to comparative review

7

CON Review Standards for Open Heart Surgery Services

- Section 1 – Applicability
- Section 2 – Definitions
- Section 3 – Initiation – Adult and Pediatric
 - ✓ Must have adult or pediatric diagnostic/therapeutic cardiac cath service
 - ✓ Written agreement with existing open heart provider (min. 400 OH cases)
 - ✓ Demonstrate 300 adult OH cases and 100 pediatric OH cases based on methodology (sections 8 and 9 respectively-MIDB)
- Section 4 – Acquisition
 - ✓ Volume waived for 1st acquisition
- Section 5 – Medicaid
 - ✓ Documentation for applicant

8

CON Review Standards for Open Heart Surgery Services

- Section 6 – Requirements for MIDB Data Commitment
 - ✓ 7-year commitment (adult and pediatric)
 - ✓ After 7 years, only additional data can be committed
 - ✓ Data from within same planning area
 - ✓ Not an Open Heart service provider (operational or approved)
- Section 7- Project Delivery Requirements – All
 - ✓ 300 adult OH surgeries by 3rd year of operation
 - ✓ 100 pediatric OH surgeries by 3rd year of operation
- Section 8 – Methodology for Adult OH Cases
 - ✓ Department updates OH Utilization weights every 3 years beginning 2007

9

CON Review Standards for Open Heart Surgery Services

- Section 9 – Methodology for Pediatric OH Cases
 - ✓ Department updates OH Utilization weights every 3 years beginning 2007
- Section 10 – Planning Areas
- Section 11 - Prior CON Review Standards; Comparative Reviews
 - ✓ Not subject to comparative review

10

CON Review Standards for MRI Services

- Section 1 – Applicability
- Section 2 – Definitions (Addition of MRI Simulator)
- Section 3 – Initiation
 - ✓Fixed – 6000 AAPs
 - ✓Mobile – 5500 AAPs
 - ❖Urban Host – 600 AAPs (within 20-mile radius)
 - ❖Rural Host – 400 AAPs (within 75-mile radius)
 - ✓Conversion
 - ❖6000 APs (locate at host site or w/i relocation zone)
 - ❖4000 APs (locate at host site or w/i relocation zone)
 - ❖3000 APs (locate at host site only)
- Section 4 – Replacement
 - ✓Fixed – 6000 APs
 - ✓Mobile - 5500 APs
 - ✓Pediatric – 3500 APs

11

CON Review Standards for MRI Services

- Section 5 – Expansion
 - ✓ Fixed – 1100APs
 - ✓ Mobile – 9000 APs
 - ✓ Pediatric – 3500 APs
- Section 6 – Relocation (Fixed Units Only)
 - ✓Service
 - ❖6000 APs/unit
 - ❖Within relocation zone - 10 miles (urban and rural)
 - ❖Operational 36-months
 - ✓A la carte
 - ❖6000 APs/unit
 - ❖Within relocation zone - 10 miles (urban and rural)
 - ❖Operational 36-months

12

CON Review Standards for MRI Services

- Section 7 – Acquisition
 - ✓ Service (Volume waived for 1st acquisition after July 1, 1997)
 - ✓ 2nd Acquisition
 - ❖ Fixed – 6000 APs
 - ❖ Mobile – 5500 APs
 - ❖ Pediatric – 3500 APs
 - ✓ Al a carte
 - ❖ No volume requirements
 - ❖ Must meet subsection 7(2) requirements or sections 3 or 4
- Section 8 – Research Units
- Section 9 – Dedicated Pediatric Unit
- Section 10 – IMRI
 - ✓ Pilot project ends 12/31/2010

13

CON Review Standards for MRI Services

- Section 11 – Medicaid
 - ✓ Fixed – documentation for applicant
 - ✓ Mobile – documentation for each mobile host site
- Section 12 – Project Delivery Requirements
 - ✓ Subsection 4 – 12 month waiting period for conversion to fixed
 - ✓ Subsection 1(d)(i) – minimum average annual utilization
 - ✓ Subsection 1(e)(i) & (ii) – notification of date of operation, addition, deletions or changes in host sites
- Section 13 – MRI Procedures Adjustments
- Section 14 – Documentation of Actual Utilization
 - ✓ MRI List in effect on date application is deemed submitted

14

CON Review Standards for MRI Services

- Section 15 – Methodology for Computing AAPs
- Section 16 - Commitment of AAPs
 - ✓ Use of AAPs from entire mobile route
 - ✓ Signed & dated data commitments submitted with application (forms 220 & 220-A)
 - ✓ 100% commitment from a service
 - ✓ No withdrawals during 120-day review cycle or after approval
 - ✓ Data is committed for 36 months
- Section 17 – MRI Lists (May 1 and November 1)
 - ✓ MRI Service Utilization List and Available MRI Adjusted Procedures List
- Section 18 - Prior CON Review Standards; Comparative Reviews
 - ✓ Not subject to comparative review
- Section 19 – Health Service Areas (HSA)